



WEMMH PTO/SB/22 (09/06)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Docket Number (Optional)  4002-3376																																												
Application Number 10/666,900		Filed September 18, 2003																																												
For NATURAL TISSUE DEVICES AND METHODS OF IMPLANTATION																																														
Art Unit 3738		Examiner Brian E. Pellegrino																																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee</u></th> <th style="text-align: right;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$60</td> <td style="text-align: right;">\$ <u>120.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td> <td style="text-align: right;">\$450</td> <td style="text-align: right;">\$225</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$510</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$795</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$1080</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td style="text-align: right;">03/30/2007</td> <td style="text-align: right;">01 FC:1251</td> <td style="text-align: right;">120.00 OP</td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>. I have enclosed a duplicate copy of this sheet.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ <u>120.00</u>	<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____	<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	03/30/2007	01 FC:1251	120.00 OP	<input type="checkbox"/> A check in the amount of the fee is enclosed.				<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.			
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<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>35,714</u></p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>35,714</u></p>																																														
 Signature Timothy N. Thomas Typed or Printed Name		March 27, 2007 Date 317-634-3456 Telephone Number																																												
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>																																														

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